ICPP 2 Individual Registration & Hotel booking Form

ICPP 2 • Second International Course on Pediatric Pulmonology

March 16 - 18, 2006 • Sofitel Santa Clara • **Cartagena, Colombia**

REGISTRATION PROCEDURE:

- We strongly advise you to make a copy of this completed form (for your records) prior to mailing it.
- This form is for **ONE** registration only. For additional registrations, please photocopy this form or download it from our website **www.cipp-meeting.com** (click on **ICPP Announcement**)
- Please type or print in **block letters** the following information & send this form to:

ICPP Secretariat: 27, Rue Masséna • 06000 Nice, France
Phone No: **+33 (0) 497 038 597** • Fax No: **+33 (0) 497 038 598**
E-mail: **cipp@cipp-meeting.com**

PERSONAL DATA: ☐ Dr ☐ M ☐ Mrs ☐ Ms

Last Name_____ First Name_____
Institute_____ Department_____
Address_____
City_____ Postal Code_____ Country_____
Phone_____/_____ Fax_____
E-mail Address_____

ACCOMPANYING PERSON: Last Name_____ First Name_____

REGISTRATION FEES: The registration fee entitles the registered participant to the following:

- Transfer — Shuttles / Airport Congress Center / Hotel - Arrival day: March 15, 2006 / Departure day: March 18, 2006
- Accommodation — **3 Nights** (March **15, 16** & **17**, 2006) in a **single** room
- Catering — Welcoming cocktail + 3 Breakfasts + 3 Lunches + 2 Dinners & 1 Gala dinner + Coffee breaks
- Conferences: — 3 Days Course + Badge + Meeting bag containing ICPP educational material

(*) Registration for the accompanying person does not include attendance to the courses

PLEASE COMPLETE & TICK THE APPROPRIATE BOX:

• For Shuttle Schedule: **Arrival** hour: March **15**, 2006 at_____ **Departure** hour: March **18**, 2006 at_____

• For your accommodation, **you need**: **Single** room ☐ **Double** room ☐

	Sofitel Santa Clara Hotel ***	**Hostal San Diego ***
• All Participant	☐ **1 500,00** Euros	☐ **1 200,00** Euros
• Accompanying Person (*)	☐ 600,00 Euros	☐ 450,00 Euros
• Additional Night	☐ 150,00 Euros x ___ night(s)	☐ 55,00 Euros x ___ night(s)

PAYMENT: **Total Amount** to be paid _____ **Euros**

☐ **CREDIT CARD:** ☐ Visa ☐ Eurocard/Mastercard ☐ American Express

Card No: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/ Expiry date____/____/ - ____/____/

I herewith authorize **Mediaxa** to debit this credit card account for the total amount due.

Cardholder's name: _____ **Cardholder's signature:** _____

☐ **BANK TRANSFER:** Please send this registration form along with a copy of the transfer order to the ICPP Secretariat (Fax No: **+33 497 038 598**)

Date _____/_____/_____ Paid by _____ Amount_____ Euros

Please do not forget to mention on the "transfer order" your: **Last Name / ICPP**

TO: MEDIAXA / ICPP 2 **BANK:** BNP PARIBAS - NICE - MASSENA / 5 BIS, PLACE MASSENA - 06000 NICE - FRANCE
IBAN No: FR 76 3000 4000 3800 0100 5068 185 • **SWIFT CODE:** B N P A F R P P N I C

Upon booking and payment, a receipt will be sent to you at the address mentioned on this form.

CANCELLATION & REFUND POLICIES:

Cancellation of registrations can be made up to January 31, 2006 • Notification of cancellation must be sent in writing to the ICPP Secretariat.
The refund of registration, less a 25% administrative charge, will be made after the Congress • There will be no refund if the cancellation is made after January 31, 2006.